



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Insurance Department

TODD E. KISER
Insurance Commissioner

Instructions to Obtain List or Copies

Before a request for a list of licensees or copy of a company statement can be processed, the Release Agreement and fee payment must be submitted by following the following steps:

1. **Release Agreement** must be complete, signed & returned to jillwhite@utah.gov.
2. **Fees can be paid** with a credit card by calling **801-538-3890** or by mailing a check to the
Utah Insurance Department
450 North State St.
State Office Bldg, Rm 3110
Salt Lake City, UT 84114

Please do not email credit card information.

3. **Fees:**
 - **For a list** of companies / agencies / agents
 - \$50 for each ½ hour to produce – One CD or Electronic Version of a List
 - \$1 per each additional CD
 - If additional payment is required we will notify you and an invoice will be faxed or emailed to you. This is rare and may be due to information being requested for multiple zip codes.
 - **For Copy** of Annual / Quarterly Statement (Photocopied or PDF)
 - \$40 complete copy of statement (per company, per year)
 - \$1 per photocopied page
4. **Response Time** of 2-10 days after we receive the Release Agreement and fee before we will process the list and mail or email the information to you.
5. **Mail vs Email:** Let us know how you would like us to send your request, Email or Mail. If the file is too large to email it will be burned to a CD and mailed to you.

After reading these instructions, if you still have questions, contact Jill White by email or phone, 801-538-3803.

Release Agreement

Please mark the boxes that best describe the copies or lists you are requesting.

Know that it will take between 2 to 10 days after receiving the Agreement and Fee for the Department to Mail or Email your copies or list to you.

☐ **Copy** of annual/quarterly statement for: _____
(Company Name) (Report Year)

☐ **List** of:
Licensees: ☐ Companies ☐ Agents ☐ Agencies

Type of License: ☐ Life ☐ Health ☐ Property & Casualty ☐ Title
☐ Bail Bond ☐ Bail Bond Other _____

Information: ☐ Name ☐ Address ☐ Phone ☐ Expiration Date
☐ Email Address ☐ Financial Information (for companies only)
☐ Other _____

Agents/Agencies: ☐ Resident ☐ Non-resident

If necessary, please provide further list instructions, i.e. zip codes, etc.

1. **I agree that** the information requested is for the purpose of:

- a. The information will be used only for the purpose stated in the request and will not be used by the undersigned, its officers, employees, or agents, for any other purpose, commercial or private, without the written consent of the department.

2. **Payment must be made before information is released – See *Instruction sheet*.**

(Company Name if applies)

(Individual Name)

(Phone Number)

(Mailing Address)

(Email Address)

(City, State, Zip)

(Signature)

(Date)